TOWN OF WESCOTT PLAN COMMISSION REQUEST

Request Number:	Town Fee: \$	Date Filed :
Name & Address:		
Applicant or Agent:	Mailing A	ddress:
Property Owner:	Mailing Address:	
Phone Number (Applicant, Age	nt or Owner - specify which	h):
Type of Plan Commission Act	ion Requested:	
	onditional Use Permit	Zone Change Preliminary Plat
Specific reason for request:		
Site Description:		
-		
Location:	Parcel #:	048
Additional Information:		
the information provided above Commission with documentatio Failure to disclose pertinent info	is true and accurate. The and of property lines and the ormation may be grounds for	y law, the applicant states that all of applicant agrees to provide the Plan dimensions described on the plot plan. or automatic denial of the request. Inda. Fees paid for request process are
Applicant or Agent Signature :_		
Date Submitted:		